Revision	AUGUST 1991	(BPD)	ATTACHMENT 4.18-E Page 1 OMB No.: 0938-
	STATE PLAN UN	NDER TITLE XIX (OF THE SOCIAL SECURITY ACT
,	State/Territory	y: Kansas	
	Optional Qualifi	l Sliding Scale ed Disabled and	Premiums Imposed on Working Individuals
4	Following method : fied disabled an (a)(10)(E)(ii) of	u working ingiv	rmine the monthly premium imposed on iduals covered under section
		N/A	
•			
for p	remium payment, r	notification of	used is as follows (include due date the consequences of nonpayment, and waiver of premium payment):
for p	remium payment, r	notification of	the consequences of nonpayment, and waiver of premium payment):
for p	remium payment, r	notification of for requesting v	the consequences of nonpayment, and waiver of premium payment):
for p	remium payment, r	notification of for requesting v	the consequences of nonpayment, and waiver of premium payment):
for p	remium payment, r	notification of for requesting v	the consequences of nonpayment, and waiver of premium payment):
for p	remium payment, r	notification of for requesting v	the consequences of nonpayment, and waiver of premium payment):
for p	remium payment, r	notification of for requesting w N/A	the consequences of nonpayment, and waiver of premium payment):
for p	remium payment, r	notification of for requesting v	the consequences of nonpayment, and waiver of premium payment):
for p	remium payment, r	notification of for requesting w N/A	the consequences of nonpayment, and waiver of premium payment):
for p	remium payment, r	notification of for requesting w N/A	the consequences of nonpayment, and waiver of premium payment):
ior p	remium payment, r	notification of for requesting w N/A	the consequences of nonpayment, and valver of premium payment):
for p	remium payment, r	notification of for requesting w N/A	the consequences of nonpayment, and valver of premium payment):

*Description provided on attachment.

TN No. MS-91-41
Supersedes Approval Date 1000 Effective Date 1000 HCFA ID: 7986E

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		STATE PLAN	UNDER TITLE	XIX OF THE	SOCIAL SECURITY ACT	
		State/Territo	ry: <u>Kans</u>	as		
c.	State	or local funda	under other	r programs	are used to pay for pr	emiums:
		Yes	<i>[</i>]	No		
	-			N/A		
D.	a pren	riteria used fonium because it	or determining would cause	ng whether e an undue	the agency will waive hardship on an individ	payment of ual are
				N/A		
					•	
		·			•	
*De	script	Lon provided o	attachment	•	•	

JAN 2 7 1992

Approval Date

TN No. MS-91-41 Supersedes TN No. ----

Effective Date __nrT 0 1 1991